

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	11/4
O.I.P.E. CLASSIFIER		12	11/9
FORMALITY REVIEW	DL	15353	12-60
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	11/17/01
2	11/17/01
3	11/17/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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